Georgia Department of Agriculture



COMMISSIONER TOMMY IRVIN ANIMAL PROTECTION SECTION 19 M.L. KING, JR, DRIVE, ROOM 128

ATLANTA, GEORGIA 30334-2001 Office: 404.656.4914 Fax: 404.463.8195

DO NOT USE THIS SPACE
LICENSE NO:
DATE ISSUED:
VOUCHER NO:
AMOUNT:
ITN1102

THIS APPLICATION FOR LICENSE RENEWALS ONLY ...

In compliance with the Georgia Animal			ration, License and Permit Act, l
hereby make application for the type lic [] ANIMAL SHELTER	* *	NNEL	[] PET DEALER
[] LICENSE RENEWAL [] CHANGE OF ADDRESS	*PLEASE MARK APPR	COPRIATE BOX(ES) [] CHANGE OF TELE [] CHANGE OF OWN	
	(Please print legibly or type t	this application)	

Name of Establishment/Facility			
Street Address			
City			
Home Phone			
Name of Applicant (Owner)			
Mailing Address of Applicant			
City	County	State	Zip
Previous Name if applicable			_
Previous License Number if applicable_			
*********	*********	********	*******
2. capacity for over 20 B) Kennel - \$	cocation (i.e. kennel and pet de Animal Shelters stand alone e blank space provided): ity (to include foster homes) and including 20 animals - \$100 animals - \$200.00	ealer) you need only apply a and cannot be considered at the time of license application.	for the one license that as a combination (Please
2. capacity for over 20	ity at the time of license appli nd including 20 - animals - \$10 animals - \$200.00 fee		
C) Pet Dealer - \$ fee based only upon gross volume	e of animal cales or set fee		
1. up to \$1,000.00 gro 2. \$1,000 00 to \$10,00 3. \$10,000.00 and over	ss - \$50.00 fee 0.00 - \$100.00 fee r - \$200.00 fee ng a permanent fixed facility	in Georgia - \$200.00	

2)	Please i	CityOrganization	_ Partnership	Non-Profit C Individual_	e blank. Non-Profit Corporation Individual	
3) additi		name and address of all if necessary):	l officers of the corporation	n, partners, or men	bers of the organization (attach	
	NAME		TITLE		ADDRESS	
4) (if no	Designa one indicate		tered agent for service of p	process including th	e agent's name and address:	
admin	r of the cornistered by	poration has been convor through the Georgia		in violation of any e. □ YES	any member of the organization, o law, rule, regulation or quarantine NO	r any
listed.	This wou business lo		I raising of pet animals at y		nd location of these businesses must eparate license must be obtained f	
	<u></u>					
to the f	act that the fo	regoing information docume	nted on this application is true, co	implete and correct. Th	n duly authorized to sign this application. I a e regulations have been read and the premise gulations promulgated there under.	
the cou	rts of the state		ty of Fulton and the county in w		emselves subject to the jurisdiction and vers and agrees that service of process shall be	
I attest	that the opera	tion of this facility in no way	conflicts or violates any zoning	and planning requireme	nts of the local jurisdiction in which I reside.	
			Signature of Authoriz	zed Person	Title	
			Print or type Name o	f Signatory		
			Date of Application			

PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO THE GEORGIA DEPARTMENT OF AGRICULTURE AND SUBMIT ALONG WITH COMPLETED APPLICATION TO: